

**GMSP REGISTRATION FORM**  
**SEPARATE REGISTRATION FORMS AND SEPARATE PAYMENT**  
**MUST BE INCLUDED FOR EACH STUDENT AND EACH CLASS**

Circle one  
NAME: (Mr. Ms.) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_ WORK PHONE: (\_\_\_\_\_) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_ CLASS: \_\_\_\_\_ STATE \_\_\_\_\_

HEIGHT: \_\_\_\_\_ ft. \_\_\_\_\_ inches WEIGHT: \_\_\_\_\_ pounds INSEAM LENGTH: \_\_\_\_\_ inches

CLASS LOCATION AND DATES YOU DESIRE: \_\_\_\_\_

Check following course in which you wish to enroll:

_____ MOTORCYCLE RIDER COURSE Non-Refundable Registration Fee \$50.00 (Out of State \$200.00)	_____ EXPERIENCED RIDER COURSE Non-Refundable Registration Fee \$30.00 (Out of State \$100.00)
--	---

**PLEASE NOTE: COURSE REGISTRATION FEES ARE SUBJECT TO CHANGE AT ANY TIME. YOU MAY BE REQUIRED TO PAY AN ADDITIONAL FEE BEFORE ATTENDING CLASS!**

CAN YOU RIDE A BICYCLE? \_\_\_\_\_ YES \_\_\_\_\_ NO

HAVE YOU EVER RIDDEN A MOTORCYCLE? \_\_\_\_\_ YES \_\_\_\_\_ NO IF YES, PLEASE CHECK ONE:  
\_\_\_\_\_  
DRIVER \_\_\_\_\_ PASSENGER \_\_\_\_\_ BOTH

DO YOU CURRENTLY OWN A MOTORCYCLE? \_\_\_\_\_ YES \_\_\_\_\_ NO IF YES, PLEASE COMPLETE:  
BRAND \_\_\_\_\_ MODEL \_\_\_\_\_ CC SIZE \_\_\_\_\_

LENGTH OF TIME OWNED: \_\_\_\_\_

DO YOU HAVE ANY HANDICAPS OR PHYSICAL LIMITATIONS THAT MIGHT AFFECT YOUR COORDINATION OR YOUR ABILITY TO OPERATE A MOTORCYCLE? \_\_\_\_\_ YES \_\_\_\_\_ NO IF YES, PLEASE DESCRIBE:  
\_\_\_\_\_  
\_\_\_\_\_

ARE YOU TAKING ANY KIND OF MEDICATION? \_\_\_\_\_ YES \_\_\_\_\_ NO IF YES, PLEASE DESCRIBE:  
\_\_\_\_\_  
\_\_\_\_\_

HOW DID YOU LEARN ABOUT THE COURSE (PLEASE CHECK): \_\_\_\_\_ DEALER \_\_\_\_\_ FRIEND  
\_\_\_\_\_  
SCHOOL \_\_\_\_\_ TELEVISION \_\_\_\_\_ NEWSPAPER \_\_\_\_\_ MAGAZINE \_\_\_\_\_ RADIO  
LIST OTHER: \_\_\_\_\_

ERC STUDENTS ONLY: I certify that I have possessed a Class M license for the last two years or have successfully completed the Motorcycle RiderCourse.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please make CASHIERS CHECK or MONEY ORDER (**NO PERSONAL CHECKS**) payable to the following:  
GEORGIA DEPARTMENT OF MOTOR VEHICLE SAFETY

MAIL FORM WITH APPROPRIATE FEE TO THE FOLLOWING:  
GEORGIA DEPARTMENT OF MOTOR VEHICLE SAFETY  
MOTORCYCLE SAFETY PROGRAM  
5036 HIGHWAY 85  
FOREST PARK, GEORGIA 30297-2405